

# **IPIA Request for Labels (order control)**

U.S. Department of Housing and Urban Development  
Office of Manufactured Housing Programs

OMB Approval No. 2502-0233  
(expires 08/31/2019)

The Manufactured Housing Procedural and Enforcement Regulations 24 CFR Chapter XX Part 3282 Section 552 requires manufacturers to report certification label usage on a monthly basis. The information collected here will be used to report home distribution, collect fees, and reimburse parties as appropriate under these Regulations. Public reporting burden for this collection of information is estimated to average 0.5 hours per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Response to this information collection is mandatory. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

IPIA Name	IPIA Address	
Authorized IPIA Label/Administrator	Phone	Date (mm/dd/yyyy)

## **Request for Labels**

(to be completed by IPIA)

We hereby request \_\_\_\_\_ certification labels for our on-hand inventory. Currently, our inventory is  
(Quantity)  
\_\_\_\_\_ certification labels on-hand. Based on our current rate of certification labels issued, the on-hand  
(Quantity)  
inventory will last for approximately \_\_\_\_\_ weeks.

## **Order Processing**

(to be completed by HUD or HUD's monitoring agent)

Date request received \_\_\_\_\_. The request for certification labels was placed with the label manufacturer  
(mm/dd/yyyy)  
by \_\_\_\_\_ on \_\_\_\_\_ in the quantity of \_\_\_\_\_ certification labels.  
(mm/dd/yyyy)

Note: If the quantity ordered is different than requested, the change was authorized by \_\_\_\_\_.  
(name)

This order should be received within the next three weeks.

## **Confirmation of Receipt**

(to be completed by IPIA)

We have received the quantity of certification labels authorized by HUD or HUD's monitoring agent. Yes \_\_\_ No \_\_\_

If No, contact HUD or HUD's monitoring agent immediately.

This order was received on \_\_\_\_\_ and contained:  
(mm/dd/yyyy)

Certification labels \_\_\_\_\_ - \_\_\_\_\_ through & including \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_ (Quantity)

These labels were entered into this agency's on-hand inventory on \_\_\_\_\_  
(mm/dd/yyyy)

by IPIA authorized label administrator \_\_\_\_\_  
(signature)